

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name				Telephone Number	Date of Ir (mm/dd/y	rspection PERMIT #
Scribner Middle Schul				1 11 541 0505	10/0	c/ 019 19-206
Establishment Address (number and street, city, state, zip code)					10/2	5/2019 19-206
Owner	ild Vi	, us	us Rd. New Albay, 12 47150	Purpose:	Follow-r	ıp Release Date
NAFCS				(Routine	1 1.	
Owner's Address				7	Routine No /0 Jays 2. Follow-up Summary of Violations:	
		š	Rd. New Albay, 12 47157	3. Complaint		or violations:
Person in C	Charge		1	4. Pre-Operational	$\int_{\mathcal{L}} \lambda \hat{D}$	$\mathcal{N}^{\mathrm{C}}\mathcal{N}^{\mathrm{C}}$
Responsibl	4 Th.	و لهمار	M	Î Î	اديم	- may
Responsibl	e Person's	E-mai	l ·	5. Temporary	Мепи Ту	pe (See back of page)
				6. HACCP	-	
Certified F			(6/13/24)	7. Other (list)	12	2 <u>3 X 4</u> 5
Kimbu		m		L	<u> </u>	<u> </u>
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"						
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"						
Section#	C/NC	R	Narrative			To Be Corrected By
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Received by (name and title printed): Inspected by (name and title printed):						
Received by (signature): Received by (signature): A.). Inspected by (signature): an						
Received by (signature): Inspected by (signature):						
cc:			cc;		cc:	